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## ORIGINAL DEPARTMENT.

### LECTURE.

#### CLINICAL REMARKS ON CHOREA, WITH SPECIAL REFERENCE TO ITS TREATMENT.

BY J. M. DA COSTA, M.D.,

Professor of Practice of Medicine in the Jefferson  
Medical College.

Delivered at the Pennsylvania Hospital,  
January 16, 1875.

REPORTED BY F. WOODBURY, M.D.

GENTLEMEN:—Before you is a case of relapse of chorea, characterized by marked symptoms; in fact, ever since admission to the hospital it has been one of more than usual severity.

We will first examine the history and indicate the more striking peculiarities presented by the case, before discussing its pathology and therapeutics.

He is a school-boy, nine years old, born in Philadelphia. He represents, and his mother confirms the statement, that he was always a healthy boy until the winter of 1872-3, when he was admitted to this hospital for an acute attack of chorea, of recent date, which affected the muscles of his body and all his limbs. The only cause that could be assigned for this seizure was his having had wet feet shortly before its onset. From this, after three months' treatment, he entirely recovered, and continued well until the first part of September, when, without any apparent cause or premonition, he had another attack, which came on while he was eating his dinner, first shown by a temporary loss of speech, soon followed by twitching of his limbs. As he did not improve, his parents

brought him back again, and he was readmitted to the ward Sept. 28. At this time the note was made that his appetite was poor, the bowels regular, speech was slow and difficult, and the arms, legs, and face were constantly jerking. The urine was normal. The relapse was not quite so bad as the original attack; and in neither was there any evidence of a visceral complication.

It was in this condition that I found him on taking charge of the ward. Cimicifuga had been faithfully tried, and, although given in increasing doses until he reached a pint of the infusion daily, had failed, even when aided by a cold douche to the back of the head and neck each morning, and good diet. I then gave him (Nov. 1) the bromide of iron, in ten-grain doses, afterwards increased to twenty grains, thrice daily. From this treatment there was marked improvement, and there was every reason for believing that convalescence was at hand after a month's exhibition of the remedy—the general health was greatly improved, the nervous twitchings of the muscles had almost disappeared—when a troublesome diarrhoea set in, requiring the substitution of bismuth for the iron. Several attempts to return to the bromide were foiled by this irritability of the digestive tract, which now refused to tolerate the drug; and as its influence on the chorea now became less, on account of the irregularity of its administration, the treatment was finally changed (Dec. 26) by substituting for it arsenic, three drops of Fowler's solution being given thrice daily. As yet there is no improvement to report from this treatment. He certainly is not as well as when he was using the bromide, but he can take the arsenic with-

out disturbing his digestion. Before going further, we will carefully examine him to discover whether the chorea is complicated by, or connected with, any visceral disorder. The urine is clear, of acid reaction, sp. gravity 1018; contains no albumen or sugar, and is apparently normal. On ophthalmoscopic examination, the fundus of the eye is seen to be rather pale, but no appreciable lesion exists. The heart impulse is rather forcible, and the first sound is indistinct. There is no murmur at the apex or base, though, when he has been recumbent, a faint systolic murmur at the base has at times been noticed. As the case stands before you, the impulse is rather thumping, but there are no signs of valvular imperfection. The rhythm is perfect, the beat does not intermit. He has no headache, the tongue is flabby and slightly coated, he appears pale, and his appetite is poor. He has no cough. There is no tenderness along the spine. He has never had rheumatic pains, or swelling in the joints. By repeated questioning we can find no other cause for the first attack—which occurred in cold weather—than wetting his feet and becoming thoroughly chilled; but there was no rheumatic seizure following this exposure. The relapse occurred in the early autumn, and, he thinks, was due to much exposure to the sun the previous month. So much for the history of the case. Now a few words as to its causation and therapeutics.

With regard to the original seizure we cannot but assume that it is attributable to the exposure that his mother considered as the cause. Certainly, a boy getting his feet wet may have, as a result, chorea, but in this case there is a link wanting that would generally connect them as cause and effect, and this link is an attack of acute or subacute rheumatism, caused by the exposure, from which the chorea might be developed. You may ask, "Is chorea a common result of rheumatism?" I will say that from many observations in private practice, at the clinic of the Jefferson College, and at this Hospital, I am led to regard rheumatism as being the most common of the causes of chorea, though by no means the sole cause. The French physicians hold chorea, for the most part, to be simply an expression of the rheumatic diathesis. This I cannot agree to. Cases may occur from mere exposure, as the one before us; or may be produced by mental emotion, from a severe fright; or a highly nervous organization may inherit a tendency to the disease, as in a family

that came under my notice, where the mother, grandmother and child were all afflicted with chorea. There is yet another supposition deserving mention. Hughlings Jackson considered that chorea was due to embolism of the fine vessels of the brain, especially of the corpus striatum; and the disease of the heart which, at times, accompanies this affection would seem to give some credence to this view. But I do not think that this is the general cause. It may be at times, but it does not give a sufficient explanation to cases like the one before us, or where it is hereditary, or caused by mental emotion. Some of the worst cases I ever saw were caused by fright. I recall the case of a young girl, of healthy parents, who, though previously in excellent health, was frightened into chorea by the pranks of a chimney-sweep. While cleaning a chimney, he playfully thrust his legs through a pipe-hole into the room where she was standing. The sudden apparition of this bodiless pair of black legs threw her into a nervous tremor, which developed into chorea, with several relapses, requiring a year of treatment before it could be checked.

I have thus reviewed the causes of chorea, and indirectly referred to their connection with disease of the heart. In this case there is an obscurity of the first sound, that is very common in chorea, which is frequently accompanied by a murmur, usually mitral. This leaves out of consideration the murmur of anaemia, which may occur in almost any disease. This choreic murmur may be due to irregularity of muscular action, and is not, as a rule, caused by organic disease of the heart. It may be produced by irregular contraction of the papillary muscles inserted at the ventricular orifices, or there may be endocarditis in cases having a rheumatic history. Usually the murmur of chorea entirely disappears in time; this differs from the murmurs due to rheumatism or to organic changes. I have known it to disappear in cases where the history would lead one to expect it to be permanent. A case in my practice, that I will see today, illustrates this. A young girl had an attack of acute rheumatism a year ago. As she was recovering, last March, she was seized with choreic symptoms; she then had a marked mitral murmur, and the chorea was very severe. Being taken to the country, where she had fresh air and a generous diet, she rapidly convalesced, with the aid of bromide of iron. Since then, repeated examinations have shown the heart to

Jan. 30, 1875.]

## Communications.

83

be perfectly normal. During the last week she had a relapse, and is now jerking worse than the boy whose case we are now examining, but without any disturbance of the heart. This will prove, as others I might quote, that there is no connection between organic disease of the heart and chorea, particularly as regards the causation of this disease.

In the case before us the affection is very general. It is not more marked on one side than upon the other, as is sometimes the case. When asked to show his tongue, he projects it suddenly. This, supposed to be a characteristic sign, was first pointed out by the late Dr. Todd.

In the treatment of this case cimicifuga failed. It is, at best, an uncertain remedy. Iron is often most useful in treating this disease, especially in the form of the carbonate. Zinc is also much used, in increasing doses, and is a good remedy. Another agent much recommended is arsenic, which we are now giving, but, so far, without result. We will not, however, hastily conclude that we may not ultimately derive benefit from it, as, when administered for its constitutional effect, it should be continued until some evidences are present that it is producing its impression, as shown by œdema of the face, or conjunctivitis. We will now increase the dose to five drops, taken thrice daily, in a drachm of the compound tincture of cinchona. We aid the impression of these agents upon the nervous system by hygienic measures, such as fresh air, good food, the shower bath, and friction to the spine; and these means are in all instances of the very greatest value.

I will now return briefly to the remedy we have already employed in this case with benefit, the bromide of iron. I was led to this almost accidentally, at first, but having now used it for three or four years, my experience, from the treatment of a large number of cases giving abundant opportunity to witness its good effects, induces me to like it better than any other one article in the treatment of chorea. It should be given in increasing doses, never commencing with less than five grains for a child, and rapidly increasing the dose to twenty. It may be given in plain syrup and water, in the form of a pill, or, better, in an effervescent powder. It not only affects the chorea, but also impresses the nervous system as a sedative, quieting it, and giving the patient rest. It is also a valuable agent in treating the incontinence of urine in children. It was in a case of this kind, complicating chorea,

that I first observed its value; being surprised and pleased to see that, as the symptom which led to its administration improved, the chorea also diminished, and soon disappeared. Since then I have used it almost continuously. Local chorea, or clonic muscular spasm, such as twitching the eyelids, etc., in hysterical women, are sometimes cured by this drug, after the failure of other remedies. In answer to the question whether it is the bromine or the iron that benefits, I think it is the combination; that neither *alone* accomplishes the result; for you will find it to benefit cases that have previously taken iron without improvement, and, as regards the other bromides, we certainly cannot claim for them any especial value in chorea, as they frequently disappoint us. The remedy occasionally fails, as all remedies sometimes do in this obstinate affection, but it certainly is one of the most valuable agents we possess for the treatment of chorea.

## COMMUNICATIONS.

## ON THE ARTIFICIAL PERFORATION OF THE MASTOID PROCESS.

BY DR. SCHWARTZ AND EYSELL.

Translated by Dr A. SCHAPRINGER, of Milwaukee, Wis., for the MED. AND SURG. REPORTER.

## History of the Operation, Including Indications.

The act of perforating the mastoid process has, for a long time, been termed "Jasser's Operation," owing to a general belief that a Prussian military surgeon of that name first performed it, in the year 1776. Forget, however, showed\* that Jean Louis Petit, who died 1750, had preceded Jasser in performing this operation. In his "Traité des Maladies Chirurgicales," published in the year 1774, after the author's death, we find allusion made to it in two places. The wording of the first place is rather obscure,† and may even leave a doubt in the mind of the reader whether that was really a case of perforation of the mastoid bone. The second case, one of abscess behind the ear, where he trephined the apparently healthy bone, he relates in the following words:—

"J'appliquai le perforatif sur l'os qui paraissait sain à cela près d'une rougeur érisipélique."

\* *L'Union Médicale*, 1860, 52.

† It runs thus: "Et l'autre (malade) n'obtint guérison que parce qu'on découvrit cette apophyse (mastoid) cariéé, et qu'avec le gouge et le maillet on emporta par le dehors l'émail de l'os, pour parvenir au foyer de la carie, laquelle, étant traitée selon l'art, on obtint guérison."

teuse dans l'étendue d'un quart d'écu : à peine-  
eus-je usé la table externe, qu'il sortit une sanie  
puante et séreuse ; l'exfoliation se fit dans son  
temps, et le malade guérit. *On peut juger par-  
là combien j'ai épargné de douleurs au malade,  
et de combien j'ai abrégé sa guérison.*"

Jasser\* evidently had no cognisance of Petit's publications, when he, guided by chance more than by anything else, entered a probe into a carious mastoid bone. He was much scared when he saw that the fluid which he injected through the opening of the bone escaped through the nose, which proves that he was not well versed in the anatomy of these parts of the body when he performed the operation, and, by it, cured his patient of a painful and dangerous disease. Encouraged by his success, he persuaded the patient, by money and arguments, to have a similar operation performed on the other side, too, where he was hard of hearing, from an otorrhœa of old standing. Here the mastoid bone was not softened, and he had to perforate it by means of a trocar, which he did, to use his own words, "in the centre of the mastoid process, somewhat towards the outer side, where the large cells take their origin." In this case, too, the result was cessation of the discharge and improvement of hearing.

Jasser's report created great sensation, and the most sanguine hopes as to the curability of deafness, from whatever cause.† The operation being performed without clearly defined indications,‡ it proved a failure in some instances (Hagström Proet‡), in others it was followed by amelioration (Lœffler||) or even by complete subsidence of the morbid symptoms, on account of which it had been undertaken (Fielitz||). By and by the operation was looked upon as a *remedium anceps* against deafness, which, being innocuous, might well be tried after other methods of treatment had failed. Hagström first met with accidents, which passed away and were to

\* See Schmucker's *Vermischte Chirurg. Schriften*, Berlin, 1782, vol. iii, p. 113.

† The conclusion of his report runs as follows: "If a patient should complain of deafness, and not be afraid of being cut or drilled, which, in that region, is not connected with any danger, I would, without hesitation, repeat the experiment."

‡ Anemann, in a paper entitled "Remarks on the Perforation of the Mastoid Process," which is an injudicious compilation from the essays of Murray and of Hagström, enumerates five indications for this operation, such as stoppage of the tubes, accumulation of secretions in the middle ear, caries of the mastoid process, and the common symptoms of all diseases of the ear.

‡ *Über die Durchbohrung des Zitzenförmigen Fortsatzes bei Fehlern des Gehörs.*

|| Richter's *Chirurg. Bibliothek*, vol. x, p. 615.

‡ *Ibid.* vol. viii, p. 325.

be referred to the injection of powerful liquids into the interior of the bone, and not to the operation itself. Proet, in the year 1791, first observed dangerous febrile symptoms. In the same year the first case of death from the operation occurred at Copenhagen, which attracted great attention, as the victim was Dr. Baron von Berger, Physician-in-ordinary to the King. He died, as Boyer says, a martyr to the perforation of the mastoid process. As he advanced in age, he suffered much from hardness of hearing, tinnitus, and dizziness, and, knowing some successful cases, he insisted upon having the operation performed upon himself, in the hope of getting rid of the annoying symptoms, the tinnitus especially. It was performed by Drs. Kölpin and Callisen. Immediately after it, tepid water and *spiritus aetheris Hoffmanni* were injected, and the injection repeated the next day. The fluid did not run down the throat. Fever, sleeplessness, and delirium set in, and death ensued the eleventh day after the operation. The autopsy revealed purulent meningitis; the mastoid process was found to be small, solid, and almost without cells. Its thickness at the place of perforation was four millimetres, and, as the perforatorion had penetrated to a depth of one centimetre, according to Kölpin's statement, the brain had been injured.\* It is evident that the fatal termination of this case was due only to the improper way in which the operation was performed, and not to the operation itself.

Since that time the operation was generally discouraged, and by and by it became altogether forgotten. When Dezeimeris,† in Paris, endeavored to revive it, he had one fatal case too. He compiled the statistics of all cases where the result seemed to testify in favor of the operation, but his statistics could not bias the minds of his contemporaries in favor of this operation. Itard,‡ Bonnafont,‡ and Rau,|| unanimously condemn the operation.

The attention of the profession was again roused towards it when Forget (1849), and after-

\* Beck, *Krankheiten des Gehörorgans*, p. 69.

† *Journal d'Expérience*, 1832, No. 38.

‡ Itard (On the Ear, vol. ii, p. 221) says that this operation is useless as well as dangerous—the severest judgment that can be passed over any surgical operation.

§ This author is of the opinion (p. 527) that all diseases of the middle ear are better treated from the external auditory canal "que de frayer un passage dans cette cavité par une opération douloureuse qui réussit rarement et qui n'est pas sans présenter quelques dangers."

|| See his "Lehrbuch," p. 112. He maintains that the perforation of the mastoid process is of a historical interest only.

wards Von Troeltsch and Follin (1859), published cases of otitis interna, with caries of the mastoid process, where it was successfully performed. A series of post-mortem examinations sustained the view that in many forms of inflammation of the ear this operation could be beneficial.

Quite a number of cases were now published in succession, where the operation could be proved, having been useful, or even having saved the life of the patient, in cases of inflammation of the middle ear, mostly complicated with caries of the mastoid bone.

It is pretty generally accepted now that the operation answers an *indicatio vitalis* in cases of accumulation of pus in the cells of the bone, when symptoms supervene threatening the patient's life. J. Gruber\* wants to restrict it to such cases where there is a marked intumescence of the mastoid process; but this restriction seems open to serious objections. It must be admitted that in such cases there is no doubt about the diagnosis, but if we would always wait for this symptom to appear, we would often be too late. In doubtful cases the temperature of the body might well serve to substantiate the diagnosis, besides the other well-known symptoms, as violent pain in the ear and mastoid bone, which is increased by pressure, inflammatory and oedematous swelling of the parts covering this bone,† and horripilations. The increase of temperature will hardly ever be found wanting.‡

If fistulous openings have formed in the bone, they ought to be enlarged as soon as symptoms of stagnation of pus supervene, as it has already been successfully done in several cases.

Von Troeltsch has, of late, tried to enlarge the field of this operation,§ and tried to substantiate, on anatomical ground, the assertion that there is no more efficient remedy in cases of prolonged otorrhœa, even when there are no cerebral symptoms, and the mastoid process is outwardly healthy, than the perforation of this part of the temporal bone.

Experience has shown that apparently insig-

\* See his "Lehrbuch," p. 549.

† It needs hardly to be mentioned that inflammatory swelling in the region of the mastoid bone may also be due to genuine periostitis, without any complication in the middle ear.

‡ The results obtained by the auscultation of the mastoid cells, according to Laënnec, are altogether unreliable. Ménière claimed to have recognized an obstruction of the mastoid cells by a bruit confined to the cavum tympani.

§ See Virchow's Archiv, vol. xxi, p. 295, and Pitha and Billroth's Handbuch der Chirurgie, Krankheiten der Ohrs, p. 53.

nificant cases of otorrhœa often terminate fatally, "when they are due to an accumulation and inspissation of mucus in the cells behind and above the tympanic cavity" (Von Troeltsch). It is evident that the accumulating masses can be more thoroughly removed through an opening posterior to the ear than through the external auditory canal, even if a curved nozzle were introduced into the tympanic cavity, according to Von Troeltsch, a rather dangerous proceeding, as has already been pointed out by Wilde (see *Med. Times*, 1861, May 11th).

The results of only few operations, undertaken from the latter point of view, have been published as yet, which induces us to publish our own cases, although they are not apt to corroborate the theories that have been laid down concerning this operative procedure.

The danger arising from an artificial perforation of a healthy mastoid bone is not always so trifling as one is likely to suppose. We had no actually fatal case, but once there was such violent reaction (the temperature rose as high as 41.8° C.) that there was reason to fear for the patient's life (see Case 57). In some instances the bone proved to be solid to such depth that, as we were afraid to penetrate any further, the operation proved to no purpose (Cases 31 and 54).

We are firmly convinced that by certain improvements on the methods of operating, of which we shall speak later, the results will become more satisfactory than they have been.

#### CASES OF PUPERAL CONVULSIONS.

BY DR. R. B. CHRISTIAN,  
OF Fulton, Ark.

CASE 1.—I was called, on the morning of November 12th, 1872, to attend Mrs. P. (primipara), in labor. I arrived about 1 o'clock, p. m., the distance from my office being seven miles. Those in attendance on my arrival stated that Mrs. P. had had two convulsions during the morning. I found Mrs. P. a very young, robust and healthy looking little woman. She was suffering at the time with severe pain in head and back, and also seemed very nervous and excited. Upon an examination I found that labor was progressing very well. Shortly after my arrival she was attacked with a very severe convolution. I labored under the opinion that as soon as the child was born the convulsions would cease. In this, however, I was mistaken.

One hour after the delivery of the child was completed (which passed off well), she was attacked again with the convulsions, and she continued having them at intervals of one hour. I could get her to swallow nothing. I applied cold water to the head very freely, and made hot applications to the extremities. In the meantime I had dispatched a messenger for my hypodermic syringe. When this arrived, about eleven o'clock that night, Mrs. P. had had about twelve convulsions, and was then having them every half-hour. I at once injected under the skin one-fourth grain morphia, immediately after which a convulsion came on, but she had no more for two hours; she was then attacked with another. I repeated the injection of morphia, shortly after which her breathing became natural and quiet, she had no more convulsions, and in a reasonable length of time made good her recovery.

CASE 2.—I was called about daylight on the morning of January 9th, 1875, to see, in consultation with Dr. L., Mrs. F. (primapara). Upon my arrival, at seven o'clock, a. m., Dr. L. informed me that Mrs. F. had given birth, on the previous evening, at three o'clock, to a well matured and healthy child. The delivery, he stated, was difficult, it being a shoulder presentation. He also stated that Mrs. F. had had three convulsions previous to birth of the child, and in all, up to my arrival, had had thirty-six convulsions, and was then having them every half hour. He had administered bromide potash in large doses, also morphia, lupulin, laudanum, etc., as long as she was able to swallow; since she had become unable to swallow, he had given nothing. I found her extremities warm, and pulse very good, considering the circumstances; I immediately suggested the hypodermic injection of morphia. Dr. L. consented for me to carry out the suggestion, but thought it useless. I at once injected one-fourth grain morphia, under the skin on the arm, immediately after which she had a convulsion; one hour elapsed before she had another; in the interval, however, I had repeated the injection of morphia. One hour elapsed again before she had another, and, as before, in the interval, I again repeated the injection. Two hours now elapsed before she had another; I again repeated the injection and increased the dose. The convulsions now ceased entirely, she dropped off into a heavy sleep, attended with labored breathing, which lasted till twelve

o'clock, p. m., when her breathing became quiet and natural; in a short while she got so she could swallow and talk, and by noon the next day said she felt very well, with the exception of being very sore.

*Remarks.*—The two women who were chiefly concerned in the above cases remain as living witnesses to the great value of morphia in connection with the hypodermic syringe as a remedy in puerperal convulsions. I think when morphia is used in such cases as the above, it should be administered freely until its effects on the system are well pronounced. I give these two cases to the profession, and those who have used other remedies and have been unsuccessful in the treatment of puerperal convulsions, I trust, will in future try the use of morphia, as I have done, in treating one of the most fatal and horrible of diseases.

#### CASE OF CHOREA, WITH PERICARDITIS.

BY T. CURTIS SMITH, M. D.,

Of Middleport, O.

In the preceding volume of this journal I published several cases of chorea, and stated (in substance at least) that I had not yet met with a case of chorea that had not yielded to the plan of treatment there recommended, but granted that there were cases that had been found to be incurable in skilful hands. Since that date a case of utter failure and death has occurred, but was complicated with pericarditis. If I had not published the former cases I would not this one; but we should be just to ourselves and readers, by showing both sides of the picture.

On the morning of December 25th, 1874, I was called to see a little girl, nine years old. I found her very pale, nervous, pulse rapid and feeble, pupils widely dilated, skin cool, no pain except that referred to the upper part of the sternum and throat; the respiration was rapid, tongue heavily coated. I noticed an inability to sit or stand still, as there was constant moving (not jerking) of the hands and feet, the head moving from side to side, but all voluntary movements were accomplished, apparently, with as much ease and certainty as usual. The mother stated that she had not seemed very well for two or three days, but that she ate heartily, slept well, and played as usual with the other

children. At my first visit she was up and running around the house as usual.

I ordered:—

R. Santonine,	grs. xv
Calomel,	grs. iiij.

in three powders, four hours apart, to be followed with

R. Ol. ricini,	3j
Ol. terebinthinae,	gtts. xx.

This was given because, first, the alimentary tract seemed to need cleansing, preparatory to future treatment, in case chorea developed, which I fully expected, and second, because I knew the child had occasionally been troubled with large round worms.

On the 26th, I learned that the physic had acted well, and a few worms had been evacuated. Examination proved the case, however, to be worse in every particular noted before, with the additional observation that the pulse was irregular, and rattling away at about 160 per minute. By auscultation I now detected the heart laboring fearfully, and the unmistakable evidence of fully developed pericarditis. This, with the fact that the choreic symptoms were rapidly becoming still more aggravated, caused me to pronounce an unfavorable prognosis. The child even then was sitting by the stove in her father's store, and had been running about the house and premises freely during the morning. This I looked upon as an unusual circumstance in a case of so much gravity.

R. Tr. digitalis,	gtts. x
Fl. ext. ver. viridis,	gtts. ij. M.

Sig. Take every two hours, in above quantity; also to have infusion valerian, four drachms, morphia acet., one-twelfth of a grain, from one to four hours, as the pain and jactitation or cough seemed to demand. I should have remarked that the pain in the cardiac region was becoming intense, cough troublesome, respiration rapid, expression of countenance exceedingly anxious. The child was placed in bed, and perfect rest and quietude ordered. The diet to be light and nourishing, consisting mostly of milk, light broths, toast, etc. This plan was continued unchanged till the 28th, with no change in the case except a gradual slowing of the pulse, at which date it was down to 96 per minute and quite regular, but the chorea was rapidly developing. At my request counsel was called, in the person of Dr. D. C. Rathburn, of this place. The diagnosis was

confirmed, and treatment continued the same, with the addition of a blister, 3x6, over the left breast, running up and down. She had slept and eaten but little up to this date, and passed a very unquiet night, but on the morning of the 29th she was less nervous, the chorea was less frightful, she slept some, and took a little food. The secretions had been correct and free all the time. Hopes were now entertained of recovery, and Dr. R. pronounced a favorable prognosis, which was still contrary to my own opinion. She remained apparently better, and a little improved under this treatment, till January 3d, when the choreic symptoms redoubled their former fury. Stimulants and nervous sedatives were used freely, to no avail. It will be in order to state that the pulse ranged from 90 to 100; the pericardial inflammation seemed to be subsiding without leaving a very large quantity of fluid in the sac. The digitalis had for several days been given only every six hours, and the verat. viride left off entirely. From the 3d to the 6th the chorea gradually but steadily increased, till death, from complete exhaustion, relieved the suffering. During these three days all the nervous stimulants were tried to their full extent, separately and combined, and also narcotics and hypnotics, in fearful doses, but nothing seemed to exert any perceptible influence whatever in the case. I have given a running, and somewhat disconnected history of this unhappy case, but hope I have made all the salient points sufficiently clear to be satisfactory to the reader.

## MEDICAL SOCIETIES.

### BALTIMORE MEDICAL ASSOCIATION.

REPORTED BY J. W. P. BATES, M. D.

#### Embolism.

Dr. Jno. Morris said: Among modern scientific studies I know no one more interesting or practical than embolism. When I first commenced the study of medicine, more than thirty years ago, the whole theory was unknown; even so late as 1869 Dr. Farr, in a letter to the Registrar General for England, calls it "the unknown disease." It is true that as early as 1837, Legroux, and a few years later Langier, hinted at the possibility of clots being washed into the extremities, in explanation of cases of gangrene, but the hint was overlooked, and for nearly thirty years diseases of an obscure character, having a sudden termination, were allowed to remain unexplained by physicians and coroners. The Germans, those great investigators

and workers of modern times, were the first to bring the great mystery to light. To Virchow, perhaps, more than any other, are we under obligations for the discovery of the great facts concerning embolism, now so plain to us all. He, more than any other pathologist, deserves the credit of elucidating and explaining its effects on the human economy. The English always follow in the wake of German research or French theory; therefore we are indebted to Kirkes for the knowledge that clots may be carried from the cardiac valves to the brain, causing aphasia, softening, and oftentimes sudden death. Before proceeding to explain the general theory of embolism, as described by Virchow, Cohnheim, Paget, and others, I will take the liberty of relating two cases in my own experience, confirmatory of Kirkes' views, before given.

Mr. De W. arrived at his home after a journey of four or five days from New Orleans. When he reached the depot he was entirely aphasic and unable to give directions of any kind as to the street in which he lived, or the number of his house. About two hours afterward I was sent for, and found him in the following condition: pulse weak and interrupted in character; heart sounds feeble and confused, the heart itself appearing to be somewhat enlarged and suffering from fatty degeneration; his face livid; marked dyspnoea; entirely free from pain; perfectly conscious but unable to articulate or give by writing any account of his case, and even to this time he has no recollection of the exact date of his attack. There were no symptoms of paralysis save a very slight contortion on the left side of the face, which disappeared in a day or two. Dr. Riggin Buckler, who attended him with me, coincided in the opinion that the symptoms were due to heart trouble, though neither of us suspected embolism at the time. In a few days, the aphasia entirely disappeared, also the lividity of the face, and the dyspnoea. He continued to improve for ten or twelve days, when, without any aphasia, paralysis or other physical symptom, his brain powers became partially impaired. He could converse rationally about himself and his condition, but appeared to lose all recollection of place. He insisted that he was not at home, but in Augusta, and contended that a stream of water ran in front of his house. He had the morning paper before him, which he read intelligently, related to me its contents, but could not understand how it could reach Augusta on the morning of its publication. This peculiar mental condition lasted for several days, when it gradually disappeared, and since that time he has shown no impairment of mental power. At this time it did not occur to Dr. Buckler and myself that this singular aberration of intelligence was due to embolism, but a few days afterwards some phenomena occurred which gave us, we think, a key to the whole case. Suddenly, and without any precursory symptoms, coldness of the whole of the right forearm took place, and pulsation

entirely ceased in the arteries, at least none could be discovered at the wrist. This condition lasted for ten hours, when the forearm regained its normal heat and circulation. Since that time there has been no unusual manifestation. From this moment Dr. B. and myself were convinced that all the foregoing symptoms were caused by clots being carried to the vessels of the brain and arm.

My second case is one to illustrate softening of the brain and speedy death. Mr. H. P. B., an inmate of the Maryland Inebriate Asylum, was suffering from aphasia and general loss of muscular and nerve power. He had had two slight attacks of paralysis previously, but had recovered the use of his limbs and walked about with the greatest ease. On the morning of his death he took his breakfast as usual, and afterwards walked to the gate with the housekeeper of the institution, opened it for her, bowed, and started to return. He had taken but a few steps when he fell down dead upon the pathway. Knowing the previous facts of his case, and particularly the circumstance that he had heart trouble, I am convinced that the cause of his sudden death was embolism, but as no post-mortem examination was allowed I cannot prove the accuracy of my conviction. A case, however, described in the *Lancet*, similar in its termination, in which an autopsy was allowed, will, I think, to a great extent confirm my opinion. The details of this case are almost sensational:—

"A man, some fifty years of age, suffers from a slight inflammation about some varicose veins in the right leg; so slight is the disease that he scarcely lays up. A few days after the commencement of his trouble he presents himself before the doctor expressing himself well, but desires a day or two more of leave to accustom himself to the use of the elastic stocking. On leaving the surgeon he is overtaken by a shower, runs a few steps for shelter, when a feeling of faintness comes over him. Tightness of the chest, gasping for breath, a weak, fluttering pulse, a countenance becoming rapidly livid, are almost all the symptoms, but in less than an hour he is dead. The autopsy reveals rough clot, greenish yellow in some parts, almost completely filling up the inferior vena cava, the nucleus of which appears to have been provided by a detached portion of firm clot from the veins of the right leg."

In Cooper's *Surgical Dictionary*, under the head of thrombosis, the disease is described as "a vascular obstruction caused by any body detached from the internal surface of the heart or of the vessels," but it is to Virchow that we are indebted for our knowledge of the relation between clots in veins, or emboli in arteries, or remote veins. Before his investigations it was generally believed that clots found in arteries and veins were formed by an inflammation in those vessels. Virchow, however, noticing that the clots were often much older in appearance than had been supposed before death, that they were frequently seated at the fork which formed

the division of the vessels, that the central portion of these clots was often quite different from the peripheral, and also, that in many cases clots, similar in character to these central portions, were found in some vessels far distant from the course of the circulation, was led to examine the subject with the greatest care. The pulmonary arteries were the first to claim his attention, and he found that clots were carried from distant parts of the circulation and became impacted in them. His experiments soon showed conclusively that large clots or bodies could be carried from the veins through the heart and arteries. Step by step he pursued his investigations, and the results of his study form the basis of our present knowledge on this subject. He did not confine himself to embolism in the lungs, but extended his search to other parts of the body with the same results.

Among the results attributed to embolism are paralysis, gangrene, angina, amaurosis, mania, paraplegia, etc. One form of sudden death, undoubtedly due to embolism, is that which not unfrequently takes place in the lying-in state. A woman who is delivered safely goes on well for seven or eight days, when she is suddenly seized with a violent pain in the region of the heart or some portion of the chest, and after a few hours of terrible agony, dies. Ofttimes the fatal result is more sudden. Several cases of this character have occurred in our own city, and are perhaps familiar to you. One or two cases of this form were kindly furnished me, by my friend, Dr. A. P. Smith.

Mrs. L. was delivered of her second child without the slightest difficulty. She remained in bed nine days without complications or trouble of any kind. On the night of the ninth day she was preparing to go to bed, feeling perfectly well. Just before falling asleep she raised herself on her elbow, to adjust her pillow, when she was instantly taken with pain in the region of the heart, accompanied by extreme dyspnoea. Dr. Smith saw her five minutes after the attack. She was cold, pulseless, breathing with great rapidity, and died in about four hours. Dr. Buckler saw her in consultation. Diagnosis, embolism of the pulmonary artery.

Mrs. A., multipara; confinement regular; passed through her time in bed (nine days) perfectly. On the evening of the ninth day, asked the nurse to place the bed pan under her; she was seized with syncope, and died in a minute.

The condition of blood which gives rise to the formation of clots, not only exists in the lying-in state, but is, it appears, incident to the whole period of pregnancy. Dr. Kelley exhibited before the Pathological Society of London a specimen of embolism of the pulmonary artery, occurring in a woman aged twenty-one. She was six months' gone in pregnancy, and admitted to the King's Hospital for disease of the rectum. She was suddenly seized with dyspnoea, the child was expelled, and she died in two hours. The lungs were collapsed, and a clot existed at the bifurcation of the artery. There was another at the bifurcation of the

common iliac vein, from which the embolus had apparently become detached.

Erysipelas, typhoid fever, and pneumonia, are diseases very liable to be followed by the formation of emboli, owing to the changes that take place in the constitution of the blood during their progress. As illustrative of this fact, as far as it relates to the last two mentioned, the following cases, furnished me by Dr. Alan Smith, may prove interesting.

Mr. F., age 56, after passing through a serious attack of double typhoid pneumonia, was convalescent, but several days after being about his room he had a relapse. Concurrent with this relapse, there was an absence of pulsation in the left wrist. Examination showed complete obstruction of the left subclavian; the arm and hand were perfectly cold; there was no return of pulsation, and death occurred in forty-eight hours.

Mr. C., age 30, had a mild attack of typhoid. On the seventh day he was apparently convalescent. On the morning of the eighth day he awoke early, and requested his wife to give him some water, stating, in answer to her inquiry, that he felt perfectly well. When she reached his bed with the water, he was gasping for breath, and expired in a moment.

Dr. Fagge showed a specimen of embolism of the middle cerebral artery, of six weeks' duration, taken from a woman aged 26. On the day of admission into Guy's Hospital she gave a cry and suddenly became insensible, being paralyzed on the right side. Next day she became conscious, but could not be induced to say more than "yes" and "no." Subsequently she sank into a drowsy condition, and died violently delirious. A loud systolic murmur was heard over the heart, and the liver was enlarged. The brain, *post-mortem*, showed its left apex atrophied and softened, and an embolus was found in the middle cerebral artery. There were emboli in the kidneys and spleen, and numerous vegetations on the valves of the heart.

Dr. Bastian showed specimens of embolism in the minute arteries of the pia mater (which he thought might be connected with the production of delirium), taken from a patient who died as a consequence of erysipelatous inflammation of the head. In the small arteries and capillaries were a large number of white corpuscles aggregated into masses, the larger being about  $\frac{1}{16}$  of an inch in diameter, and plugging the vessels. Some of the masses were becoming granular. Fatty embolic masses existed also in the liver and kidney. Dr. Bastian had examined cases of pneumonia, rheumatic and other fevers, in which delirium occurred, and found similar masses. There are, no doubt, many cases of death attributed to other causes, which are due to embolism. It was only in 1866 that it appeared as a separate cause of death in the reports of the Registrar General of England. In that year eighteen deaths were reported, seven males and eleven females. In 1871 one hundred and twenty-five cases were

reported, fifty-four males, seventy-one females, and every year the number increases. It is a strange fact, that there has not as yet been a case of death from embolism reported in Baltimore. This proves how inaccurate and unreliable our health reports are. According to our mortuary statements, *colic* is a frequent cause of death, yet I venture to say that no medical man in this city ever reported it as having produced death. By our reports, about fifty died yearly from colic, but in the report for the year ending October 31st, 1872, sixty deaths are attributed to it, thus showing a painfully marked increase. In the report for 1873 there is not a single case reported, thus showing that the vulgar epidemic has vented its force.

*Symptoms.*—When the right half of the heart has received an embolus, and the pulmonary artery is obstructed, collapse of the lung, partial or entire, takes place. Pleurisy, hemorrhage, or bronchitis may follow, or there may be great anxiety, dyspnoea and reduction of the temperature. A systolic murmur may be heard, the heart's action irregular, sometimes pulsation of the jugulars, giddiness, and oedema of the hands and face. When emboli breaks up, septicaemia results. The temperature is very high in these cases, ranging as high as 106.

As our means of cure, or even of alleviation are very limited; absolute rest, diffusible stimulants, and proper food are the usual remedies. Sedatives may sometimes be prescribed with advantage.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Treatment of Burns and Scalds.

The following observations by Dr. John Morris, of Baltimore, in *The Sanitarian*, may be read with benefit:—

The first step is to remove the clothing from the patient. As rest is all important, this should not be done by the old plan of taking it off piece by piece, but by removing it by a few skillful cuts with a knife or scissors. The patient should then be instantly wrapped in a blanket, or blankets, or large masses of cotton, if at hand, so as to create heat, and thus re-establish the circulation. Patients frequently exhaust themselves by their outcries, and to guard against the depression of nervous force brought about by this cause, anaesthetics should at once be employed. Chloroform or ether should be administered in sufficient quantity to induce partial, or, if necessary, complete unconsciousness. If these agents are not at hand, large doses of opium should be given. This is all important, as the patient must not be allowed to suffer if we wish to conserve the powers of life. The dressing should be made while the patient is in this state. Carron oil, as before stated, is utterly useless, if not injurious. Of all the oils, linseed, in our opinion, is the worst, as it is the soonest to be absorbed by the atmosphere, and become dry. In cases of bad scalds of children, in which a large part of the body is involved, we know no dressing so good as a bran bed, that is a bed of bran, in which the patient may lie, and be entirely covered with a thick investment of the same. This dressing has the advantage of not requiring change, for each day, as the moist particles fall off they

can be replaced with fresh bran without disturbing the patient. One of the severest cases of scald we ever met recovered by this treatment. A great deal of harm is done to patients by frequent dressings, and any method that obviates this is most desirable. Patients frequently are exposed for hours to the action of the air, suffering unnecessary pain, by the old and tedious process of dressing. The air itself does no injury, but the extreme hyperesthesia of the skin produces a state of nervous tremor which leads to exhaustion. Any one who has seen a case of hydrophobia can readily understand this condition of skin hyperesthesia.

In burns of the extremities there is no immediate application so serviceable to relieve pain, as hot or cold water, and, strange to say, they act equally well. If the appliances are at hand, the cold bath as practiced by Hebra is the best. Those who have visited his wards in Vienna, and seen his treatment of burns by a bed made of straps, in a cold bath, can bear witness to the successful and scientific character of this procedure. For small burns, warm water acts admirably. We have said before, that anaesthetics should be employed in all burns of an extensive character, but, before their effect is allowed to pass off, applications should be made to produce anaesthesia of the parts affected. We have heretofore used for this purpose a solution of Labarraque's chloride of soda, of the strength of an ounce to a pint of water, adding two or three grains of morphia to the solution. This has generally given great relief to the patient, indeed, in a short time destroying all the extreme sensibility. Carbolic acid has been highly recommended as a local anaesthetic, and it may be possible that a solution of it in water, in combination with morphia, might act still

better. After a free application of either of these solutions, the parts may be thickly covered with cotton batting. This helps to counterbalance the chilliness, and gives a comparative degree of comfort. In superficial burns of a limited extent, nothing is required but simple cold water dressing. Brandy should not be administered whenever opium or ether can be obtained, as it remotely exercises a depressing influence. Strong hot coffee is the best drink that can possibly be given to counteract nervous exhaustion, or remedy the effects of shock. If brandy is given at all, it should be given with coffee. All earthy applications, such as chalk, calaminaria, etc., should be avoided, as they are not only therapeutically inert, but may interfere with the process of restoration. Local stimulation, such as the application of turpentine, or a solution of nitrate of silver, as practiced at Saint Bartholomew's Hospital, is no doubt proper treatment in the second stage of burns, but as this belongs more especially to the domain of surgery, we forbear to discuss it, as well as the treatment of the after consequences of burns, such as ulceration of the bowels, particularly of Peyer's glands, congestion of the lungs, cicatricial contractions, etc.

In conclusion, we will briefly sum up the recommendations before suggested:—

First. Remove the clothing by cutting it from the body.

Second. Wrap the patient in blankets.

Third. If pain be excessive, administer chloroform, ether, or large doses of opium, and let the necessary dressing be made while the patient is in a state of partial or total insensibility.

Fourth. Produce anaesthesia of the burned or scalded parts by the application of a solution of carbolic acid and morphia. (This solution can be made in almond or olive oil.)

Fifth. After this, wrap the patient in masses of cotton batting.

Sixth. Avoid brandy, and give coffee as a stimulant.

If these simple rules be followed, much suffering may be alleviated, and many a life saved, which otherwise would be lost by the ignorance and mismanagement of attendants.

#### Effect of Phosphorus and the Phosphates in Putrefaction.

The *Journal of Applied Chemistry* says:—In 1866 Collas showed that isinglass dissolved in water, in which was suspended some phosphate of lime, putrefied much more rapidly than usual, and also that meat chopped up and mixed with phosphate of lime decomposed very soon. He explained this phenomenon on the supposition that the organisms of putrefaction assimilate the phosphate of lime, the conditions for their development being more favorable than than without the addition of a phosphate. J. Lefort has recently repeated these experiments, and his results entirely confirm those of Collas. He has also extended them further, and shown

that phosphate of magnesia possesses this power in a less degree; other salts of lime and magnesia, as well as the soluble alkaline phosphates, do not show it at all. It is well known that fish begin to decay much sooner than the flesh of animals, and Lefort refers this to the greater quantity of earthy phosphates in them. According to Bibra's analyses, the ashes of perch and carp contain 44.3 and 44.2 per cent. of earthy phosphates, while the flesh of oxen and calves contains only 20.6 and 16.4 per cent. Animal fluids which contain much phosphates, like the urine, do not decompose any more rapidly after the addition of gelatinous phosphate of lime than before.

Lefort could easily detect sulphuretted hydrogen evolved from decaying animal matter, but no volatile phosphorus compounds. From this he concluded that the ordinary explanation of the garlic odor and phosphorescence observed as being due to the evolution of phosphoretted hydrogen is incorrect. He believes that in certain stages of decomposition sulphide of phosphorus is formed, which, on coming into contact with the air, is again decomposed. The presence of sulphide of phosphorus might, under certain circumstances, especially if the decaying meat be eaten, act as a poison.

#### Operation on the Tongue.

The following instructive case is reported in the *London Medical Times and Gazette*, by Mr. Wagstaffe, of St. Thomas' Hospital.

James B., a healthy-looking man, fifty years of age, was admitted into St. Thomas' Hospital, under the care of Mr. Wagstaffe, March 30, and gave the following account of his illness:—About twenty-two years ago he had a white pimple on his tongue, almost like a burn; then a few nodules, like warts or small mushrooms. These would last for a week or two, and after a dose of aperient medicine would disappear for a time. The nodules, however, became gradually more permanent and larger, and five years ago he had something done to the tongue; apparently the growth, which was about the size of a small bean, was destroyed by the cautery. The growth, however, recurred, and for the last twelve months had been rather rapidly spreading and becoming very troublesome. The state of the tongue is described as follows:—The right half and the whole of the tip form a curious fleshy mass, red, glazed, and fissured, and covered with bright red, hypertrophied papillæ, some of these being single, some compound, some overhanging healthy parts. From the tip, which is wholly affected, to the back of the growth, measures about three inches. The rest of the tongue is much fissured and indurated as far back as the finger can reach. The sub maxillary lymphatic glands are rather enlarged, but possibly only from irritation. No actual ulceration of the surface at any point; no true discharge from it. A portion of overgrowing tissue was examined microscopically by Mr. Wagstaffe, and found to be composed entirely of epithelial elements and

birds'-nests in abundance, but it could not be determined how far these appearances invaded the deeper structures. He had been accustomed to use the blowpipe a good deal; had never had syphilis, and there was no history of tumor or cancer in his family.

On April 6th he was put under the influence of chloroform, and Mr. Wagstaffe made an incision from the angle of the mouth backward, on the right side, for about an inch, and arrested the bleeding which resulted from it. The tongue was now fully withdrawn by means of thick silk thread which had been carried through the tip. A strong steel skewer was passed from near the tip on the left side through to the base, and out through the wound in the right cheek, so that the whole of the growth was in front of the skewer. Next the wire loop of platinum belonging to the galvanic écraseur was placed round the tongue behind the skewer, and gradually tightened, and the mass burned off. There was no bleeding during or after this. The wound in the cheek was brought together by a harelip-pin and two silver sutures. The tongue was dressed with lint soaked in sweet oil.

8th. Some difficulty in swallowing.

9th. Mouth washed out frequently with solution of peroxide of hydrogen.

13th. Some hemorrhage from the tongue, stopped by plugging.

18th. Has been using a solution of perchloride of iron for cleansing mouth; articulates fairly.

20th. Went out; wound not quite healed.

July 10th. In perfect comfort; articulates distinctly.

October 10th. No evidence of return of growth.

#### The Hypothesis of Evolution.

Dr. W. Rutherford, Professor of Physiology in the University of Edinburgh, remarks in his last introductory lecture, concerning the theory of evolution:—

It is fascinating, indeed, but I beg you to remember that all this is mere *hypothesis*, it is only romance. As we shall afterwards see, we have no sufficient experimental evidence for believing in the spontaneous origin of living matter; nor have we, however beautiful Mr. Darwin's conception of the survival of the fittest in the struggle for existence may be, evidence sufficient to show that in past ages the various forms of life have arisen by a slow development of one into another. Even now, notwithstanding all the varieties of such animals as dogs and pigeons which we, by varying the conditions of existence and of breeding, can produce, do as we will, a dog remains a dog, a pigeon remains a pigeon.

At the same time there can be no denial of the fact that the evolutionary hypothesis has proved to be of great value in offering some acceptable explanation of many of the facts of development, such as the appearance and dis-

appearance at an early period in the development of man of those blood vessels which are permanent in the gills of the fish, and so with other cases. Such a fact as this is intelligible, if we regard the embryo as briefly repeating its pedigree of past ages, and on no other theory yet advanced does such a fact receive so intelligible an explanation. The evolutionary hypothesis has certainly given quite a new aspect to the facts of development, and has proved to be a great stimulus to the study of this subject. At the same time, you will be good enough to remember that I am not advocating the evolutionary doctrine as anything more than a hypothesis, which, although unproved, is nevertheless of much value in suggesting a way of solving some problems which hitherto have received no acceptable explanation.

#### On Gastric Vertigo.

Not long since, at the Medical Society of London, Dr. Thorowgood read notes of two cases of this complaint.

CASE 1 was that of a gentleman, age 45, regular and careful in his habits of life, and by no means addicted to stimulants. This patient was troubled by frequent attacks of giddiness and vertigo; at times he would fall in a faint, with transient loss of consciousness. Frequent and careful examination failed to detect any organic lesion. The face was pale; pulse slow and regular. A course of Vichy water disagreed notably in this case, and various tonics, such as iron, quinine, etc., failed to exercise any curative action over the syncopal attacks. Wine was recommended at meals; and brandy, and water whenever the attack of vertigo threatened. This treatment was regularly carried out, and the patient became decidedly worse under it. As a part of complete change in the plan, alcohol was entirely abandoned, and by degrees the attacks of vertigo and syncope ceased.

CASE 2. A lady, age 35, had frequent attacks of faintness in the morning on awaking, and at other times no organic lesion could be discovered. The use of alcohol always gave temporary relief; but by degrees the attacks became so frequent that the patient was alarmed at the constant necessity for the stimulant remedy. Iron, quinine, and a variety of tonics did very little good here, but a resolute adherence to claret-and-water, to the exclusion of other alcohols, as a drink, had an obviously beneficial effect. Dr. Thorowgood believed local cerebral anaemia to be the pathological condition in these cases. In certain parts of the brain the arteries were spasmodically contracted, while the venous ventricles were full and engorged. It might be said that a bloodless brain was commonly assumed as the condition in a person given to fainting, and that the proper treatment was to stimulate the heart, and to send more blood to the brain. Against this idea it was urged that practical experience showed that stimulating the heart, while it relieved for a

time, tended in the end to perpetuate the original malady. The true pathology might probably be found in the observations of Dr. Fothergill on cerebral anæmia, in the West Riding Asylum Reports, wherein were given the experiments of Cyon and Alladoff, showing the inhibitory influence of certain nerves over the vessels of the brain in causing their contraction, and limited anæmia as a result. These inhibitory nerves had been traced from the liver, up the vertebral arteries, to the brain. Irritation of stomach and liver thus propagated to the brain caused spasmodic contraction of arteries, and local cerebral anæmia, with all its recognized consequences. Alcohol, by tending to irritate the liver, would therefore be injurious. The cure of these cases, even when very inveterate, might confidently be looked for, in, first of all things, careful regulation of the supply of alcohol, coupled with moderation as to diet, regular exercise, and so forth. As medicines, columba, with bicarbonate of soda, and tincture of ginger, would be found very useful, the alkali tending to correct any acidity about the juices of the stomach induced by alcohol taken when the stomach was empty. Such acrid secretion would cause feeling of faintness, and a not unnatural craving for a little brandy. The ginger in a small dose would act as a stimulant mildly, and so relieve the craving for brandy or sherry. Subsequently the use of iron in combination with sulphate of magnesia or soda was to be recommended as a tonic laxative. By this simple method, carried out with decision, it was not too much to say that cases that had been called incipient epilepsy, or instances of very obscure nervous disease, might readily be cured.

#### The Elastic Ligature.

In an introductory lecture, Professor Buchanan, of the University of Glasgow, narrates the following anecdote:—

At the present time improvements in surgical manipulation are daily being introduced. Three or four weeks ago, on entering the infirmary at the morning visit, a foreign gentleman presented me a card of introduction from a friend at that time residing in Germany. The writing was not very legible, and I did not notice the name, but asked the stranger to accompany me. Standing beside the bed of a patient who was recovering from a compound depressed fracture of the frontal bone, without having had a bad symptom, I said, "We are indebted in great part to one of your countrymen for our present improved mode of treating such cases. We have been taught almost to abandon the use of the trephine by Stromeyer, of Hanover." "My father-in-law," replied my visitor. "Indeed," I exclaimed, "and you are?" "Esmarch, of Kiel." It so happened that on the morning in question I was to remove a large vascular scrotal tumor. Dr. Esmarch accompanied me to the theatre, and the patient was put under the influence of chloroform. Turning to Dr. Esmarch,

I said, "It is a great pity that your bloodless method is not applicable to such a case, as I shall operate with great anxiety, owing to the exhausted condition of the man and the great vascularity of the tumor." He at once undertook to apply pressure in a way which, he believed, would prevent any hemorrhage. Being provided with a long india-rubber tube, he passed it round the base of the scrotum, across the pubis, and round the loins, and fixed it in front of the abdomen. To my surprise and delight, I removed the great mass by a complicated and tedious dissection, without the loss of any blood except what escaped at the first incision from the gorged veins on the surface. The man was dismissed with the wound quite healed in three weeks, and I have no doubt the rapidity of his recovery was in great part owing to his having been spared the loss of blood.

#### The Pyridine and Chinoline Series.

These two homologous series of bases are yielded by quinine, cinchonine or strychnine when distilled with caustic potash. Drs. McKendrick and Dewar, of Edinburgh, have been experimenting on their physiological action, as we learn from the *London Medical Times and Gazette*, with the following results:—

1. There is a marked gradation in the extent of physiological action of the members of the pyridine series of bases, but it remains of the same kind. The lethal dose becomes reduced as we rise from the lower to the higher.

2. The higher members of the pyridine series resemble in physiological action the lower members of the chinoline series, except (1) that the former are more liable to cause death by asphyxia, and (2) that the lethal dose of the pyridines is less than one-half that of the chinolines.

3. In proceeding from the lower to the higher members of the chinoline series, the physiological action changes in character, inasmuch as the lower members appear to act chiefly on the sensory centres of the encephalon and the reflex centres of the cord, destroying the power of voluntary or reflex movement; while the higher act less on these centres, and chiefly on the motor centres, first as irritants, causing violent convulsions, and at length producing complete paralysis. At the same time, while the reflex activity of the centres in the spinal cord appear to be inactive, they may be readily roused to action by strychnine.

4. On comparing the action of such compounds as  $C_9H_{11}N$  (chinoline) with  $C_9H_{12}N$  (paryoline, etc.), or  $C_8H_{11}N$  (collidine) with  $C_8H_{15}N$  (conia, from hemlock), or  $C_{10}H_{14}N_2$  (dipyridine) with  $C_{10}H_{14}N_2$  (nicotine, from tobacco), it is to be observed that the physiological activity of the substance is, apart from chemical structure, greatest in those bases containing the larger amount of hydrogen.

5. Those artificial bases which approximate the percentage composition of natural bases are much weaker physiologically, so far as can be

estimated by amount of dose, than the natural bases; but the *kind* of action is the same in both cases.

6. When the bases of the pyridine series are doubled by condensation, producing dipyridine, parapicoline, etc., they not only become more active physiologically, but the action differs in kind from that of the simple bases, and resembles the action of natural bases or alkaloids having a similar chemical constitution.

7. All the substances examined in this research are remarkable for not possessing any specific paralytic action on the heart likely to cause syncope; but they destroy life, either by exhaustive convulsions, or by gradual paralysis of the centres of respiration, thus causing asphyxia.

8. There is no appreciable immediate action on the sympathetic system of nerves. There is probably a secondary action, because after large doses the vaso-motor centre, in common with other centres, becomes involved.

9. There is no difference, so far as could be discovered, between the physiological action of bases obtained from cinchonine and those derived from tar.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—With the commencement of the year Prof. Sigmund, of Vienna, starts a periodical devoted to climatology and kindred subjects. Its title is "*Vierteljahrsschrift für Climatologie, mit besonderer Rücksicht auf die Climatischen Curorte.*"

—Another dictionary, a "*Dictionnaire des Falsifications des Aliments*," has been brought out by M. Leon Soubeiran, Professor of Pharmacy at Montpellier. He is the author of "*La Matière Médicale chez les Chinois.*"

—The *New York Medical Record* commences the year as a weekly, \$5.00 per annum. The *Boston Medical and Surgical Journal* has changed hands, and is now published by Houghton & Co., and owned by a company (\$5.00 per annum). The *Psychological and Medico-Legal Journal* will, in future, be published by McDivitt, Campbell & Co., 111 Nassau street, New York.

—The new edition of the *Philadelphia Medical Directory* will appear next week, under the efficient editorship of Dr. Wm. B. Atkinson. We shall give it an early notice. Every practitioner in the city should own a copy, and every medical visitor obtain one.

—The veteran anatomist, Dr. Quain, is about to edit a *Dictionary of Medicine*.

—The *Archives of Electrology and Neurology*, edited by Dr. George M. Beard, published at 107 East 28th street, New York City, contains many original articles on these subjects, by American and European authorities. It appears twice annually, in May and November. Price \$3.00 per year. We commend it to our readers.

### BOOK NOTICES.

**Pulmonary Tuberculosis. Its Pathology, Nature, Symptoms, Diagnosis, Prognosis, Causes, Hygiene and Medical Treatment.** By Addison P. Dutcher, M. D. Illustrated. Crown 8vo. Extra cloth, \$3.

Readers of the *REPORTER* of some years' standing will recall various articles contributed to our pages by the author of this work. They were characterized by close observation, and a practical application of clinical facts; and we can say the same of most of the volume before us—most of it, not all of it—for there are passages in it which are evidently written for effect only, and are quite out of place in a scientific treatise. Such a one, for example, is that on page 289, headed "The power and grandeur of the mind." It is inconceivable what a sensible writer, like Dr. Dutcher, supposed such paragraphs would apply to or in any way avail.

Leaving out of view this unpleasant feature of the volume, it is one which may be read with profit. The author discards the inflammatory theory of tuberculosis, and holds it to be a specific disease dependent upon a morbid condition of the blood. He takes up, one by one, the symptoms of the disease, and discusses their bearing and treatment. The chapter on physical signs is much less satisfactory, as it is both short and superficial. The same may be said of that on climate, which is very inadequate to that important subject. His praise of southwestern Texas is not borne out by the army statistics of troops quartered there. The opposition to alcoholic remedies, as set forth in the last chapter, based as it is on purely theoretic considerations, whether correct or not, cannot be supported by such arguments. Nevertheless, there are many judicious hints on treatment in the work, drawn from actual experience, and therefore worthy of study.

## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JAN. 30, 1875.

D. G. BRINTON, M. D., Editor.

The **REPORTER** aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The **REPORTER** aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

## NOTICE. 1875.

## EXTRA INDUCEMENTS.

Any of our subscribers obtaining one new subscriber and remitting for both before Jan. 1st, 1875, will receive either a copy of the DAILY POCKET RECORD, with his name stamped in gilt on the clasp, free, or the HALF-YEARLY COMPENDIUM for 1875, as he chooses.

A new subscriber will receive the **REPORTER** from now till the close of 1875 for \$5.00.

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Any physician who will send us four new subscriptions, will receive a copy of the **REPORTER** free for one year.

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D. G. BRINTON, M. D.,

115 South Seventh Street,

PHILADELPHIA, PA.

## PROTECTIVE MEDICAL LEGISLATION

A number of States in the Union have enacted laws aiming to protect the public against ignorant, and, therefore, dangerous practitioners of medicine. The success that has attended this legislation is not yet all we could wish. It seems extremely difficult to frame a bill that will meet the requirements of the case. Shall the diploma be received as *prima facie* evidence of qualification? It should be such evidence, but, notoriously, it is not. Wretched institutions, duly chartered however, give diplomas, if not for the asking, at least for the paying. Then there are skillful practitioners who never had a diploma.

Shall we have a State Examining Board? The practical workings of these Boards in Canada seem to have been beneficial.

Something ought to be done in every State, at least to prevent the utterly unscrupulous from plying their charlatany in the face of day, and making our profession a cloak for the committing of nefarious procedures, as harmful to the morals as to the health of the community.

This has been deeply felt in this State, and a committee of the State Medical Society is urging the Legislature to take some action in the premises. Its memorial sets forth so strongly the propriety of the step, that we make a long extract from it, and commend it to the consideration of the practitioners of the State, and to the thought of those of other States. It recites as follows:—

"The undersigned, being a committee appointed by the Medical Society of the State of Pennsylvania, respectfully represent that the interests of the people of the State require at your hands some legal protection against imposition from medical pretenders, local and itinerant, who are not only ignorant of Medical science and of the Practice of Medicine, but are frequently destitute of a common school education. Unable to secure for themselves an honest living by honorable practice, for which they have no proper qualifications, they betake themselves to a line of conduct altogether incompatible with the just claims of society; professing unusual

skill in the treatment of diseases, by the use of new methods, wonderful discoveries and remedies known only to themselves; in this manner deceiving the credulous and unsuspecting, and in the same way concealing, as far as possible, the more profitable branch of their employment—that of giving advice and medicine to persons of both sexes, with immoral and criminal inventions. We need scarcely state that such pretenders are numerous; that they are found in every city, town and village in our commonwealth; and though very generally suspected of immoral and criminal practices, by intelligent people, the latter are powerless to interfere, in existing circumstances.

"In presenting this memorial to your honorable bodies, we wish it to be distinctly understood that we are not the advocates of any special form of legislation, nor are we disposed to interfere in the least degree with the chartered rights of any of our fellow-citizens who may differ from us in the use of medicine; but we speak in behalf of the people of the entire State, who are directly interested in being made legally certain that those who offer themselves as practitioners of medicine and surgery have the proper qualifications. To be more specific, we maintain that every man or woman who attempts to practice medicine or surgery, for compensation, directly or indirectly, should have a good elementary education, such as may be obtained in a State Normal School; and in addition should be well instructed in the following branches of Medical science, viz: Human Anatomy, Human Physiology, Organic and Inorganic Chemistry, Materia Medica, Pathology, Therapeutics, Obstetrics, the Diseases of Women and Children, the Principles of Mechanical and Operative Surgery, and the proper use of Anæsthetics; and, as an evidence of this, should have the endorsement of a regularly chartered Medical Faculty or Board of Examiners appointed by authority of the State.

"The Legal profession has been and still is guarded, not only by time-honored usages of bench and bar, but by legislative enactments; so that no one is permitted to represent a client in a court of justice who has not passed through a specified course of study, and who has not been examined by a committee learned in the law, appointed by the court. All this is done that litigants in our courts of justice may not be deprived of learned and honorable counsel.

"But with regard to those who are in need of

Medical assistance, being sick or suffering from injury, no such protection is afforded in our commonwealth. Any one who chooses to assume the title of Doctor of Medicine may do so, and may practice on the confidence and credulity of the people without restraint. He may even collect, under the laws of the State, exorbitant sums of money for his pretended services.

"In the education of the youth of our commonwealth, a wise provision is made that the teacher shall have the proper qualifications. To secure this, the applicant for a school is required to undergo a satisfactory and careful examination, and to have in his or her possession a certificate of competency, endorsed by the superintendent of the district. Whether the intellectual training of the child is of more value than his life, we leave for your consideration.

"The law of the State guards the property interests of the humblest citizen. It even goes so far as to protect him from imposition by the agents of irresponsible insurance companies, but against the most unblushing pretender to medical knowledge and skill, where the health and life of the citizen are at issue, there is no protection.

"Legislation on this subject in foreign countries, and in our neighboring States, has evidently a tendency to bring into our midst many incompetent practitioners or pretenders, and the want of it, in our own State, has equally a tendency to discourage young men from pursuing a thorough course of study.

"With respect to the special enactments on this subject on our statute books, we may say that they have been of very little advantage to the people of the counties over which they extend. They have been so ingeniously modified as not to apply to persons, generally speaking, over thirty years of age, and to those professing to be *druggists*, and the latter are very generally prescribing medicines and treating diseases, without even a knowledge of their own proper calling.

"Large appropriations of the public money have been made for the benefit of Medical Institutions in our State; hospitals have been established, in which clinical lectures are regularly delivered; charters have been granted to these institutions, with the express stipulation that a certain number of young men be admitted *gratis* every year; munificent donations have been added by public-spirited citizens of our commonwealth, so that ample *opportunities* are offered

to all who desire to obtain a knowledge of the science and art of medicine.

"An ordinary education cannot be acquired in a month or a year, nor can a knowledge of the several branches of Medical science and art, just enumerated, be obtained, except by many years of patient toil and industry. In European countries five years of special study are required of all who desire to take upon themselves professional duties and responsibilities.

"It may not be improper to add what is best known to intelligent medical practitioners, that the grave conceals the mistakes and blunders of many a pretender, who, not knowing the ailments of his patient, allows him to suffer and die for want of timely assistance, or hastens the fatal issue by injudicious treatment. Ignorance in the physician, the surgeon and the druggist, in this age of opportunities to acquire knowledge, is criminal and unpardonable."

It is signed by a number of prominent professional gentlemen from all parts of the commonwealth.

Now, there is nothing asked for in this memorial but what aims directly for the good of the people. It distinctly is not partisan or exclusive. Every respectable physician, no matter what his "school," should favor it; every enlightened public man should advocate it; every moral member of the community should aid, to the extent of his opportunities, in supporting such measures. This State is behindhand in sanitary matters. Containing, as it does, the most renowned medical schools in America, it is disgracefully backward in State medicine. It protects neither its physicians nor its citizens to the extent that half a dozen other States do. It is time that this stigma should be removed.

#### NOTES AND COMMENTS.

##### Therapeutical Notes.

###### BROMINE IN PERTUSSIS.

Dr. Vogelsang, of Brel, in Switzerland, finds that one or two scruples of bromine, as much bromide of potassium, to a tumbler of hot water, placed in the room of a child suffering from hooping cough, affords it great relief. The mixture should be renewed three or four times a day.

###### SOFT CHANCRÉS.

As a local application in these the *Memorabilien* recommends a solution of sulphate of copper in glycerine, thirty grains to the ounce. They are said to cicatrize rapidly under this treatment.

###### WARTS.

Dr. Gutteit recommends rubbing warts, night and morning, with a moistened piece of muriate of ammonia. They soften and dwindle away, leaving no such white mark as follows their dispersion with lunar caustic.

###### PITYRIASIS VERSICOLOR.

For this disfiguring disease, Dr. Ravoth has used with success a weak solution of caustic potash; and in one instance citric acid.

###### On Cadaveric Poisoning.

The observation is made by Dr. Odenius, of Lund, that poisoning from the fluids of a cadaver can take place even when the operator has no abrasion or wound upon his skin. Dr. Odenius has experienced this twice in his own person, and attributes it to direct absorption. Chills and local gangrene followed. Of course, such instances are confined to those who have a certain predisposition, and a fine, thin skin, and follow from prolonged exposure to the cadaveric, putrescent fluids. The article we quote from is in the *Allgemeine Medicinische Centralzeitung*, No. 95, 1874.

###### Plants and Animals as Indicators of the Purity of Waters.

In some recent investigations into the purity of drinking waters, M. Gerardin found that aquatic plants were sensitive to the variation in the qualities of water; but that sensitiveness was unequal in its character. The most delicate test was that of cress (*cresson de fontaine*), whose presence showed that of excellent water. M. Gerardin cites instances in which such cress perished after a few hours, owing to the entrance into the stream of feculent water. He describes various other water plants, all more or less sensitive to the action of impure water. Among the most robust of such plants he instances the *arundo phragmites*, which resists the action of the most impure water. Among animals the mollusc known as the *Physa fontinalis* only exists in very pure waters; others supported themselves in a medium quality; but no mollusc can live in absolutely impure water.

Hence phanerogamous vegetables and molluscs indicate the different character of water in regard to purity; but infusoria, cryptogamic plants, and especially the algae, afford also indication in the successive changes they undergo by impurification of the water. These inferior organisms survive after the disappearance of fish, molluscs and green plants.

#### What Determines the Sex of a Child?

This interesting question has been very thoroughly re-examined lately by Dr. Karl Mayrhofer, of Vienna, who publishes the results of his investigations in the *Medical Presse*, of that city (No. 36-45, 1874). He finds, first, that in certain plants and lower animals the sex depends upon *nutrition*; the best example of this are bees. As a rule, the most fully nourished become females.

In the human race, does this analogy hold? Is the sex a matter of nutrition, according to this analogy, or of conception? Note, first, that twins or triplets, in the *same chorion*, are always of the same sex. Nearly always there is communication between their circulation. But they are often very unequally nourished. One may be a withered abortus, the other a sturdy fetus. Therefore the nourishment here does not decide the sex. In the rare instances where in the *same chorion* there is no communication between the circulations (one instance of triplets described by Hyrtl) identity of sex still remains. Therefore it does not depend upon receiving the same blood. Twins lie in one chorion because there were two germs in one oolemma. Hence human sex is a matter of *conception*. It is decided at the time of coitus. Statistically the stronger, healthier, riper party decides the sex of the fetus. Infrequent coition tends to produce males. Dr. Mayrhofer concludes that Thury's law is, on the whole, supported by these researches.

#### Luxation of the Penis.

A singular instance of luxation of the penis is described by Dr. Moldenhauer, in the *Berliner Klinischer Wochenschrift*, No. 45, 1874, similar to that mentioned in this journal, from Hyrtl's *Anatomic* (current volume, page 45). A strong man, 57 years of age, was caught between a wagon and a tree, and severely contused about the inguinal region. Dr. M., tried to introduce a catheter, but in vain. The penis was almost

indistinguishable. Infiltration of urine led to the performance of free incisions in the scrotum. After some days it was found that the penis was torn off behind the glans, and luxated into the left inguinal canal. Its reduction promised so much difficulty that the patient preferred to have it remain there, and recovered his health in this condition.

#### Ante-tetanic Pills.

The late surgeon, Mr. Peile, of Dublin, used to administer a pill which he claimed to be prophylactic of tetanus. His formula was:—

B.	Pulv. aloes hepaticus,	55 grs. ii.
	Pulv. antimonialis,	55 grs. ii.
	Pulv. opii,	grs. viij.
	Hydrarg. chlor. mitis,	grs. vij.
	Syrup. simplicis,	q. s. M.

Et div. in pil. No. 12.

Sig.—One twice or thrice daily.

They were given in cases of lacerated and punctured wounds, and tetanus, it is said, never supervened.

#### On Pruritus Hiemalis.

This variety of itching skin was first named and described by Dr. Duhring, of this city. He attributed it to the low temperature of the winter season, and named it in view of this theory. Dr. Muhsam, at a meeting of the Hufeland Society of Berlin, maintains that precisely similar pruritus occurs periodically at various seasons of the year, and hence is not attributable to any particular temperature. He instances two cases where it recurred annually about the close of May. Simple pruritus, it was also stated, is more frequent in South than in North Germany, hence in milder rather than in colder latitudes. Muhsam rather attributes it to anæmia of the skin.

#### Our Love of Bitters.

English ignorance about everything American is not quite so gross as it used to be, but is very mountainous still. A druggist, in Hull, was arrested for selling an alcoholic mixture, flavored with a bitter, and styled a "morning tonic" or "pick-me-up." Thereupon the *Lancet*, noticing the event, says such eye-openers, "although almost universally used in the United States, have not obtained any popularity in this country." The "almost universally" is good!

## NEWS AND MISCELLANY.

## The Woman's Hospital and Medical College.

At the annual meeting, last week, of the contributors to the Woman's Hospital, the report of the resident Physician, Mary Branson, M. D., was read. It states that during the past year the number of new patients treated was 4539, an increase of 1686 over that of the previous year, and that seventy-nine children were born in the house. The record of the training school for nurses is satisfactory, six excellent graduates being now employed in the city. Three others have secured permanent situations, and a promising corps is now on duty in the house.

Of the whole number of patients, 275 were received into the hospital, 1259 were attended at their homes, and 3005 were treated at the dispensary. The patients discharged from the hospital, including the twenty-one remaining from the previous year, numbered 269, of whom 189 were cured, sixty-six improved, four not improved, nine deceased, and one was not treated; twenty-seven patients were retained.

The new building of the Woman's Medical College, at North College avenue and Twenty-first street, is very near completion. It is now under roof, the interior is plastered and receiving the finishing touches, and the superintendent expects that the building will be turned over to the college authorities by the 20th of next month. The material used is red brick, relieved with occasional courses of white brick, the doors and windows being trimmed with Ohio stone, and the basement being of Falls of Schuylkill granite. The building is three stories high, and measures 112 in front by 60 in depth.

## The Preston Retreat.

The annual meeting of the contributors to this Institution was held January 11th, at the Retreat, Hamilton street, above Twentieth. Mr. John Weigand presided.

The report of the physician in charge states that during the past year 136 women were admitted into the Institution, and that 13 remained from the previous year, making a total of 149. The number of births was 141, of which 86 were boys and 55 girls, including three pairs of twins. The total number of patients thus far admitted to the Retreat is 811, of whom 70 have been admitted twice, 5 thrice, and one the fourth time.

## The Presbyterian Hospital.

At a meeting of the trustees last week, the annual report was read. It opened by stating that, notwithstanding the depression in business, subscriptions and donations have been received amounting to \$8085.28; collections from churches, \$3893.89; from the estate of the late Jesse George, \$3000; legacy of A. D. Campbell, \$1000; legacy of Wm. Stevenson, \$1000; Mrs. Grace Brown, \$15,000. Total, \$31,979.17. Disbursed by the Superintendent, for supplies,

\$18,809; repairs, etc., \$2037.24; on account of the pavilion ward, \$9606.42.

Prof. Hastings presented a report for the month, showing that 34 patients had been admitted, 32 were discharged and one died. During the year 1000 patients were admitted, 876 were discharged, 76 died and 48 remain in the hospital. The balance remaining in the Superintendent's hands was reported to be \$84.49. During December, 1874, 275 prescriptions were given.

## The Homeopathic Hospital of Pennsylvania.

Special efforts are being made by the friends of this hospital, which was chartered by the Court of Common Pleas last March, to raise a million of dollars for the purpose of erecting suitable buildings.

## An Undoubted Centenarian.

Phoebe Thomas, a well known centenarian of Delaware county, in this State, died January 19th, at her home in Wilmington, Delaware, in the 105th year of her age. The date of her birth and the facts of her life are said to be thoroughly well authenticated by the records of the Friends in Delaware county. She was the daughter of Robert and Elizabeth Mendenhall, and was born in Concord township, Delaware county, July 7th, 1770; "the seventh day of the seventh month, seventeen hundred and seventy." Her grandfather was Benjamin Mendenhall, who came to this country in 1686, and one of whose daughters married John Bartram, the distinguished botanist.

Mrs. Thomas lived in Media for some time subsequent to 1870, and more recently with relatives in Wilmington, where she died. She said that she remembered the roar of artillery at the battle of Brandywine and Germantown, and that in April, 1789, she saw George Washington passing through Darby on his way from Mount Vernon to take his seat as first President of the United States.

## A Strange Story.

The Lancaster (O.) *Gazette* says: "Mrs. John Wachtel, an old resident of this city, some twelve years ago ran a needle in her breast, and failed to have it extracted, as it never occasioned her either pain or inconvenience. A few days since, however, the lady felt a strange prickling sensation in a bunion on one of her feet, and upon examination found the point of a needle protruding from the excrescence. With but little trouble it was taken out, and it appears to be the same needle she lost in her breast a dozen years ago."

## A Good Temperance Anecdote.

"Would a little spirits now and then hurt me much?" asked a patient of his physician. "No," said the doctor; "a little spirits now and then would not hurt you much; but if you don't take any, they wont hurt you at all."



## Philadelphia County Medical Society.

A special meeting will be held Monday, February 1st, 1875, at 8 o'clock, P. M., at the Hall of the College of Physicians.

Dr. Washington L. Atlee will deliver his retiring address as President. Subject—A Retrospect of the Struggles and Triumph of Ovariectomy in Philadelphia.

The medical profession in the city are cordially invited.

## Personal.

—Dr. John W. Weed, of Metachin, died on Thursday, January 7th.

—Dr. William E. Rossiter, of Bridgeport, Conn., has just died from the effects of inhaling ether, which he was administering to a patient four weeks ago. It produced symptoms similar to those of typhoid fever and diphtheria.

—Dr. John S. Crane, of Goshen, N. Y., an old and highly esteemed Friend, died at an advanced age on the afternoon of New Year's day. He was one of the most highly respected citizens of Orange county, where his name will be held in lasting and loving remembrance.

—Dr. Peleg Clarke, one of the oldest physicians of Rhode Island, died at East Providence, on the 1st inst., aged ninety years and five months. His ancestry were long-lived, his father, grand-father, and great-grand-father having lived respectively to the advanced ages of eighty-one, eighty-four, and ninety-seven years. He practiced medicine in the towns of Johnston, Scituate, Cranston, and Coventry, for upward of sixty years.

## Items.

—The mortality of Berlin in 1873 (excluding still born) was 28.29 per 1000.

—A somewhat severe epidemic of typhus is reported in Silesia this winter; it is attributed to over-crowding.

—According to the official report of the Mayor of Providence, R. I., under the operations of the new prohibitory law just put in force in that city, there are more places where liquor is sold than ever before, and rowdiness and disorder are on the increase.

## QUERIES AND REPLIES.

## Taraxacum.

Dr. S. J. of Ind.—The English species of Taraxacum is identical, we believe, with that in this country. That the English extract is more efficacious (as you assert) than the American, can only be explained (if so) by the greater care in its preparation. It is also possible that the difference in climate increases the remedial power of the plant.

## Prescription Writing.

Dr. R. S. of Ills.—1. We advocate writing prescriptions in good English rather than in bad Latin;

the objections to English are puerile. 2. In Belgium the decimal weights are used by law, and physicians are not allowed to employ the old weights and measures in prescriptions.

Dr. P. S. R., of Pa.—There has been no appropriation for the second part of the Surgeon General's Report.

Dr. Adam P., of N. Y.—Naphey's Therapeutics is out of print.

## MARRIAGES.

DOY—HARPER.—At Waddington, N. Y., on December 24th, 1874, by the Rev. R. W. McCormick, W. C. Doy, M. D., and Frances A. M. Harper, all of Waddington.

EVARTS—SHACKELTON.—On Tuesday, December 15th, at the residence of O. O. Shackelton, in Brooklyn, by Rev. E. P. Ingersoll, Herman C. Evarts, M. D., of Albany, N. Y., and Lucy M., daughter of Benjamin Shackelton, Esq., of Jersey City.

FOYE—CHALMERS.—By Rev. W. D. Thompson, Dec. 31st, 1874, Johnston E. Foye, M. D. and Mary H. Chalmers, daughter of James and Isabella S. Chalmers, all of New York.

LOCKWOOD—BERAUD.—At New Orleans, Dec. 29th, Dr. J. E. Lockwood, of New Orleans, and Miss Antette Beraud, daughter of Joseph and Pauline Beraud, of Plaquemines, La.

WARNER—SHAW.—On the 7th inst., by the Rev. V. D. Reid, D. D., at the bride's residence, Dr. Samuel H. Warner, of Philadelphia, Pa., and Miss Sallie, eldest daughter of Nathan Shaw, Esq., of Camden N. J.

THOMPSON—FRUCHHEY.—By Rev. J. B. Strain, Dec. 24th, in Columbus Grove, Ohio, at the "Grove House," W. H. Thompson, M. D., of Winemac, Indiana, and Miss Mollie E., daughter of J. B. Fruchey.

## DEATHS.

BONNER.—In Cincinnati, O., Tuesday morning, December 22d, of consumption, S. P. Bonner, M. D., aged 37 years and 10 months.

CORSON.—In Trenton, N. J., on January 2d, Caroline Steever, daughter of Dr. Thomas J. and Mary K. Corson, in the 17th year of her age.

DUNHAM.—In Trenton, N. J. on the 21st December, Anna L., wife of Dr. C. H. Dunham, and eldest daughter of Amos Sickel.

FAERAND—KIMBALL.—At Colon, St. Joseph Co., Mich., at the residence of the bride's parents, Dec. 24th, 1874, by the Rev. J. B. Gilman, of Manchester, Mich., Charles H. Farrand and Miss Henrietta Kimball, only daughter of H. C. Kimball, M. D., all of Colon.

HOUGH.—At Florence, in Italy, on the 10th inst., Sarah Macomb Hough, wife of Dr. John Stockton Hough, and daughter of the late Wm. Wetherill.

MUSGRAVE.—In Cincinnati, O., H. B. Musgrave, M. D., December 25th, aged 63 years.

PRESTON.—On the 29th, December, 1874, at Kansas City, Mo., Dr. Milner M. Preston.

THOMAS.—In this city, suddenly, on the 11th inst., Dr. R. Thomas, aged 31 years.

PENNYPACKER.—On Tuesday morning, Jan. 5th, Captain Samuel Davis, aged 74 years. On Wednesday morning, January 6th, Mary W., daughter of Dr. N. A. and Lide D. Pennypacker, granddaughter of Captain Samuel Davis, aged 3 years.

WISHART.—On the 13th instant, Henry R., son of the late Dr. L. Q. C. and Ellen Wishart, aged 31 years.

WOOLSEY.—On the 14th instant, at 8 o'clock A. M., Annie E., wife of Dr. William F. Woolsey.

WELLS.—On Saturday, January 9th, at 11 P. M., at 250 West Twenty-first street, New York City, Robert, only son of Dr. George W. and Emma G. Wells, aged 3 years, 3 months and 20 days

